

APPENDIX V
APPLICATIONS FOR LOUISIANA
WATER WELL CONTRACTOR'S (DRILLER'S) LICENSE

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
WATER RESOURCES SECTION
P. O. BOX 94245 BATON ROUGE, LA. 70804-9245
Telephone (504) 379-1434

For Office Use Only
License No. WWC _____

APPLICATION FOR LOUISIANA
WATER WELL CONTRACTOR'S (DRILLER'S) LICENSE

PLEASE PRINT IN INK OR TYPE WHEN COMPLETING THIS FORM

APPLICANT: Name _____ Birthdate: _____
Mailing Address _____
City, State, Zip _____
Social Security Number _____
Telephone No. and Area Code _____
BUSINESS: Firm's Name (to appear on license) _____
Located at _____
City, State, Zip _____
Telephone No. and Area Code _____

TYPE OF BUSINESS: Water Well _____, Monitoring Well _____, Heat Pump Well or Hole _____,
(Check one or more) Geotechnical Borehole _____, Plugging Well or Hole _____, Other _____

EXPERIENCE RECORD:

- (a) Date started drilling: _____
(b) Approximate number of wells or holes drilled during the last calendar year: _____
(c) Depth of deepest well or hole actually drilled during career, in feet: _____
(d) Largest well or hole drilled during career, in inches: _____
(e) Are you presently licensed by another state? Yes _____ No _____. If yes, name State _____
(f) If previously licensed, has your drilling license ever been revoked or suspended by any State? Yes _____, No _____, Not Applicable _____. If yes, please explain the details on separate sheet.

DESCRIPTION OF DRILLING EQUIPMENT:

Drilling Rig Make _____ Capacity _____ (feet) _____ Owned or Leased _____

REFERENCE: List two licensees familiar with your work experience.
(1) _____ (Mailing Address) _____ (License No.) _____
(2) _____ (Name) _____ (Mailing Address) _____ (License No.) _____
Do you or your company have liability insurance? Yes _____ No _____. If yes, in what amount \$ _____. Name of Insurer: _____ Date Expires _____

I affirm that I have two years of drilling experience under the supervision of a licensed water well contractor or other comparable drilling experience acceptable to the Department. My drilling experience was with _____

_____ (Name) _____ (Mailing Address) _____ (Telephone No.)
from the time period _____ to _____. (Additional experience may be listed on the reverse side of this form.)

I hereby grant my references and insurer the authority to provide the Louisiana Department of Transportation and Development with information necessary to establish my qualification for a driller's license. Yes _____ No _____.

I also affirm that I meet qualifications for a license as spelled out in R.S.38:3098 through 38:3098.8 and that I will fully comply with all rules and regulations for wells and holes promulgated and to be promulgated by the Louisiana Department of Transportation and Development, Office of Public Works. Yes _____ No _____.

Enclosed is check or money order no. _____ dated _____ in the amount of \$ _____ for license fee, made payable to the Department of Transportation & Development.

CERTIFICATE:

STATE OF LOUISIANA
PARISH OF _____

BEFORE ME, the undersigned authority, a Notary Public duly commissioned and qualified within and for the State and Parish aforesaid, personally came and appeared _____, who being by me first duly sworn, did depose and say: That the information contained and set forth in the above and foregoing APPLICATION FOR LOUISIANA WATER WELL CONTRACTOR'S LICENSE is true and correct, to the best of my knowledge, as stated herein.

Sworn to and subscribed to before me this _____ day of _____, 198____
at _____, Louisiana.

APPLICANT

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
WATER RESOURCES SECTION
P. O. BOX 94245 BATON ROUGE, LA. 70804-9245
Telephone (504) 379-1434

APPLICATION FOR RENEWAL OF
LOUISIANA

WATER WELL CONTRACTOR'S (DRILLER'S) LICENSE

PLEASE PRINT IN INK OR TYPE WHEN COMPLETING THIS FORM

APPLICANT:

NAME _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
SOCIAL SECURITY NO. _____
TELEPHONE NO. AND AREA CODE _____

BUSINESS:

FIRM'S NAME _____
LOCATED AT _____
CITY, STATE, ZIP _____
LICENSE NO. WWC- _____
TELEPHONE NO. AND AREA CODE _____

SAMPLE ONLY

DRILLING RECORD:

For categories listed below, indicate the total number of wells or holes which you (your company) drilled and/or plugged during the past twelve months:

	<u>Category</u>	<u>No. Drilled</u>	<u>No. Plugged</u>
a)	Domestic water wells	_____	_____
b)	All other types of water wells	_____	_____
c)	Monitoring wells	_____	_____
d)	Heat pump holes	_____	_____
e)	Geotechnical boreholes	_____	_____

RENEWAL FEE:

Enclosed is check or money order number _____ in
the amount of \$ _____ for my annual renewal fee.

NOTE:

Your annual renewal fee is \$100.00, unless you drill only domestic water wells (as defined in Appendix I) and you drill less than 25 domestic wells annually, in which case the renewal fee is \$50.00.

I certify that the information contained and set forth in the above and foregoing application for renewal of Louisiana water well contractor's license is true and correct, to the best of my knowledge, as stated herein.

Signature

Date